

the specification of which
[X] is attached hereto, or

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Armand P. Boisselle, Reg. No. 22,381; Warren A. Sklar, Reg. No. 26,373; Don W. Bulson, Reg. No. 28,192

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from

Authorized representative: D. Young & Co., 21 New Fetter Lane, London EC4A 1DA, United Kingdom

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

Send Correspondence To


Don W. Bulson, Esq.
Renner, Otto, Boisselle & Sklar, P.L.L.
1621 Euclid Ave., 19th Floor
Cleveland, Ohio 44115

Direct Telephone Calls To:

(name and telephone number)

Don W. Bulson
(216) 621-1113

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

Full Name of Sole or First Inventor:				MATTHEW CREWE			
Inventor's signature:				Date:		July '25 2003	
Residence: (City & State/Country):		EDINBURGH, UNITED KINGDOM		Citizenship:		BRITISH	
Post Office Address:		7 (2F1) POLWARTH CRESCENT, EDINBURGH, EH11 1HP, UNITED KINGDOM					

Full Name of Additional Joint Inventor (if any):			
Inventor's signature:		Date:	
Residence: (City & State/Country):		Citizenship:	
Post Office Address:			

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

- ☐ Signature for additional joint inventors.
- ☐ Added page to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
- ☒ This declaration ends with this page.